#### 2022 CITY OF MONROE LODGING TAX APPLICATION CHECKLIST

This checklist is provided as a tool to assist you in the completion of your application. Remember, late and/or incomplete applications will not be accepted. If you have questions regarding your application, please contact Rich Huebner at 360-722-1684 or RHuebner@MonroeWA.gov.

 Did you sign the certification page and initial all the certification statements?
 Does your requested dollars match your proposed budget dollars?
 Are all the appropriate pages of your application completed and included in your submission? (See the bottom of page 2 for the correct pages to complete.)
 If mailing your application, did you leave enough time for the post office to deliver it? Remember, postmarks will not be accepted and late applications will be disqualified.
 If requesting operations money for a tourism-related facility, did you include a copy of your agency's current non-profit corporation registration with Washington's Secretary of State's office?

# City of Monroe 2022 Lodging Tax Funding Application Packet



## SUBMISSION DEADLINE: Friday, November 19, 2021 4:30 p.m.

#### Applications must be mailed or delivered to:

City of Monroe LTAC Monroe City Hall Attn: Rich Huebner 806 W. Main Street Monroe, WA 98272

Completed applications must be received by the date and time specified. Postmarks will not be accepted. If mailing, be sure to allow enough time for delivery.

To be considered for funding, your request must be used for one of the following purposes: (excerpts from RCW 67.28.1816)

- Tourism marketing;
- Marketing and operations of special events and festivals designed to attract tourists;
- Operations of tourism-related facilities owned or operated by nonprofit organizations as defined by the IRC 501(c)(3) or 501(c)(6). Proof of nonprofit status will be required.

Note: Capital purchases or improvements are not an allowable use for hotel/motel taxes except for City owned and/or Public Facilities District owned tourism-related facilities.

#### Definitions (excerpts from RCW 67.28.080):

- Operations includes, but is not limited to, operations, management, and marketing. (No capital acquisition or maintenance.)
- Tourism economic activity resulting from tourists, which may include sales of overnight lodging, meals, tours, gifts, or souvenirs.
- Tourism promotion activities and expenditures designed to increase tourism, including but
  not limited to advertising, publicizing, or otherwise distributing information for the purpose
  of attracting and welcoming tourists; developing strategies to expand tourism; operating
  tourism promotion agencies; and funding marketing of special events and festivals designed
  to attract tourists.
- Tourism-related facility real or tangible personal property with a usable life of three or more years, or constructed with volunteer labor, and used to support tourism, performing arts, or to accommodate tourist activities.
- Tourist a person who travels from a place of residence to a different town, city, county, state, or country for purposes of business, pleasure, recreation, education, arts, heritage, or culture.

Page 2

Applicant Information					
Organization/Agency Name:	_				
Mailing Address:					
City:					
Street Address:  (if different from mailing ad					
(if different from mailing ad City:		Zip Code:			
Contact Person and Title:					
Contact Phone: ( )					
Organization Website:					
<u></u>	Entity 501	_			
(Verification of 501(c)(3) or 501(	c)(6) status will be requ	uired as part of the application)			
Federal Tax ID Number:	UBI N	Number:			
Requesting funds for the following acti	vity:				
Tourism Promotion/Marketing Complete pages 2 and 3 and pages 8 thru 11 of the application.					
Operation and/or marketing of a Special Event/Festival designed to attract tourists Complete pages 2 thru 7 of the application.					
<b>                                   </b>	Operation of a Tourism Promotion Agency Complete pages 2 and 3 and pages 8 thru 11 of the application.				
	Operation of a Tourism-Related Facility owned or operated by a non-profit organization Complete pages 2 and 3 and pages 8 thru 11 of the application.				
Operation and/or capital costs of a Tourism-Related Facility owned by the City or a Public Facilities District Complete pages 2 and 3 and pages 12 thru 13 of the application.					

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#### Certification

I am an authorized agent of the organization/agency applying for funding. By signing this application, I understand that: (initial each statement after reading)
Washington limits how hotel/motel taxes may be used. I am proposing a tourism-related service for fiscal year 2022. If awarded, requested funds will be used only for purposes described in this application and established by state law. I understand the use of these funds are subject to audit by the Washington State Auditor.
If awarded, my organization/agency intends to enter into a municipal services contract with the City of Monroe, provide liability insurance or obtain special event insurance as may be required for the duration of the contract naming the City of Monroe as an additional insured and in an amount determined by the City, and file for a permit to use City property, if applicable. In addition, my organization/agency will provide proof of or obtain a City of Monroe business license if required.
My organization/agency cannot obligate any hotel/motel funds which may be awarded prior to the execution of the municipal services contract with the City of Monroe. Any expenses incurred by my organization/agency prior to the signing of the contract will not be eligible for reimbursement
The City of Monroe will only reimburse those costs actually incurred by my organization/ agency and only after the service is rendered, paid for if provided by a third party, and a signed Request for Reimbursement form (or other form acceptable to the City) has been submitted to the City, including copies of the invoices and payment documentation.
My organization/agency will be required to submit a report documenting the economic impact results of my funded activity, to include the number of tourists the event reached and the methods by which my organization/agency surveyed the attendance. Failure to provide this information within the timeframe required by the municipal services contract can affect my organization's/ agency's ability to receive expense reimbursements and affect our future funding eligibility.
I certify that I have the authority of the organization/agency represented in this application to submit this request for funding on its behalf and I further certify that the foregoing is true and correct to the best of my knowledge:
Print Name Title
Signature Date

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Applicant Name: Amount requested: Tourism Impact Estimates - Special Event/Festival Requests Priority consideration will be given to events scheduled during the off-season (November thru April). Describe your tourism special event/festival. Please provide the event name, date(s), and the venue in which it will be held. Attach additional sheets if needed: Is there a host hotel for your event? If yes, please list the hotel(s): Hotel Name Contact Number Hotel Name Contact Number

Contact

Number

Hotel Name

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Applicant Name: Amount requested: Tourism Impact Estimates - Special Event/Festival Requests Estimated Tracking Briefly describe your Number Method tracking method Box Estimated overall attendance Direct count 1 Indirect count Of the number in Box 1, how Direct count Box 2 many are expected to travel Indirect count over 50 miles? Box Of the number in Box 2, how Direct count 3 many are expected to travel Indirect count from another country or state? Of the number in Box 1, how Direct count Box 4 many are expected to stay Indirect count overnight in Monroe? 5 Describe how you will promote your event to attract tourists (use additional sheets if needed). If awarded, you will be required to also promote your event in Choose Monroe magazine. Remember to include this cost in your marketing budget request:

Applicant Name:		Amount requested:
	Tour	rism Impact Estimates - Special Event/Festival Requests
6		y you will promote lodging establishments, restaurants, and businesses located in the City of additional sheets if necessary):
_ _		

#### **Budget Estimates**

List all revenue sources expected/committed for this event. Include your own funding, other Lodging Tax requests, sponsorships, ticket sales, etc.

		Confirmed	Date
Funding Sources	Amount	(Y/N)	Available
City of Monroe Lodging Tax			
(amount should match application request)	\$	n/a	n/a
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
TOTAL	\$		

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pplicant Name:		Amount requested:	
	Budget Es	timates	
-		at the sole discretion of the G	
For example, insurance costs		sement. Expenses incurred pe eligible for reimbursement.	
		at 360-722-1684 or RHuebne	
	Lodging Tax Request	Other Funding Sources	Total
Personnel Costs		Ü	
(salaries and benefits)	\$	\$	\$
Overhead costs (rent,			
insurance, utilities, etc.)	\$	\$	\$
Marketing/Promotion	\$	\$	\$
Event supplies/			· ·
materials	\$	\$	\$
Event related contract			
services	\$	\$	\$
Other (describe below)	\$	\$	\$
Other (describe below)	\$	\$	\$
Total	\$	\$	\$
10.00	Amount in this box should match application request.		¥
Other - description			
Other - description			
7 What will you cut from (use additional sheets if		atly if full funding is not awar	rded?

Page 8

Amount requested: Applicant Name: Tourism Impact Estimates - Promotion/Marketing/Operations Priority consideration will be given to requests which encourage off-season tourism (November thru April). 1. Identify the specific tourism audience/market located more than 50 miles from the City of Monroe that your organization will target with these funds (attached additional sheets if necessary): 2. Regarding the tourism audience/market identified in question 1, describe in detail the promotion activities that will be performed or provided with the requested funding (attach additional sheets if necessary):

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Applicant Name: Amount requested: Tourism Impact Estimates - Promotion/Marketing/Operations Estimated Tracking Briefly describe your Number Method tracking method Estimated number of people Box traveling for business/pleasure Direct count 1 away from their place of Indirect count residence and staying overnight: Estimated number of people Box traveling over 50 miles or more Direct count 2 for the day or staying Indirect count overnight: Estimated number of people traveling from another Direct count Box 3 country or state: Indirect count

#### **Budget/Request Estimates**

For the following section, list the proposed quantity of specific tourism promotional/marketing/operations activities described in #2 on page 8 and its corresponding funding request. The total for column C on page 11 must match your total funding request.

Column A	Column B	Column C
Activity (see disclaimer on page 7)	Number Projected	Funding Requested
Operations:  N/A Personnel (salaries and benefits) Other (describe below):		\$
		\$
		\$
		\$
	Subtotal Column C	\$

Continued on page 10

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pplicant Name: Amount requested:				
	Budget/Request Es	stimates		
	he proposed quantity of specific tage 8 and its corresponding funding request.	_		
	lumn A	Column B		
Activity (see di	sclaimer on page 7)	Number Projected		
In person contacts (describe	how contacts will occur):		Part of Personnel costs on page 9 or	
			\$	
E-mail or phone contacts (de frequently contacts will occu			Part of Personnel costs on page 9 or	
			\$	
Brochures produced/printed	(describe distribution method):		Part of Personnel costs on page 9 and/or	
Brochures distributed/mailed	d (describe distribution method):		\$	
		Subtotal Column C	\$	

Continued on page 11

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Applicant Name:	ne:		Amount requested:	

#### **Budget/Request Estimates**

For the following section, list the proposed quantity of specific tourism promotional/marketing/operations activities described in #2 on page 8 and its corresponding funding request. The total for column C on this page must match your total funding request.

Column A	Column B	Column C
Activity (see disclaimer on page 7)	Number Projected	Funding Requested
Radio/TV ads (describe stations/markets reached):		\$
Website (describe how you will track site hits/views):		Part of Personnel costs on page 9 and/or
Other Digital/Social media (list targeted sites):		Part of Personnel costs on page 9 and/or
Print ads (list newspaper(s)/periodical(s)/tourism print media:		\$
	Subtotal Column C	\$
Total Column C of subtotals	on pages 9, 10, and 11	
Amount mus	t match total requested.	\$

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Applicant Name: Amount requested: Tourism Impact Estimates - Capital Request Priority consideration will be given to requests which encourage off-season tourism (November thru April). CAUTION Capital requests may only be made by a City or Public Facilities District. **CAUTION** 1. Describe the capital project for which you are requesting funds. Specifically describe how this project will attract tourism from 50 miles or more from the City of Monroe (attach additional sheets if necessary):

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Applicant Name:			Amount requested:				
Tourism Impact Estimates - Capital Request							
		Estimated	Tracking	Briefly describe your			
		Number	Method	tracking method			
Box 1	Estimated number of people traveling for business/pleasure away from their place of residence and staying overnight:		Direct count Indirect count				
Box 2	Estimated number of people traveling over 50 miles or more for the day or staying overnight:		Direct count Indirect count				
Box 3	Estimated number of people traveling from another country or state:		Direct count Indirect count				

#### Budget/Request Estimates

	Lodging Tax Request	Other Funding Sources	Total
	_		
Design costs	\$	\$	\$
In house staff costs			
(salaries and benefits)	\$	\$	\$
Construction costs	\$	\$	\$
Installation costs (if			
not part of construction)	\$	\$	\$
Other (describe below)	\$	\$	\$
Total	\$	\$	\$
	Amount in this box should		
	match application request.		
Other - description			